

JUN 23 2005

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Troy Miller

Docket No.

62716/4

Application No.

10/764,903

Filing Date

January 26, 2004

Examiner

Fredrick C. Conley

Group Art Unit

3673

Invention: **ASSIST DEVICE FOR GETTING INTO AND OUT OF SITTING OR PRONE POSITIONS ON
BEDS AND SIMILAR FURNITURE**

I hereby certify that this RCE and AMENDMENT AND RESPONSE TO OFFICE ACTION

(Identify type of correspondence)

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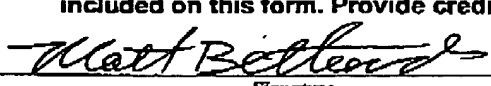
Note: Each paper must have its own certificate of mailing.

Transmitted: Certificate of Transmission by Facsimile (37 CFR 1.8) (1 pg.);
Request for Continued Examination Transmittal (1 pg.);
Amendment Transmittal Letter (Small Entity) (1 pg.); Amendment
and Response to Office Action (9 pgs.); PTO-2038 Credit Card
Form (1 pg.)

Total Pages Transmitted: 13

P15/REV02

JUN 23 2005

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. 62716/4	
Applicant(s): Troy Miller						
Application No. 10/764,903	Filing Date January 26, 2004	Examiner Fredrick C. Conley	Customer No. 32642	Group Art Unit 3673	Confirmation No. 2320	
Invention: ASSIST DEVICE FOR GETTING INTO AND OUT OF SITTING OR PRONE POSITIONS ON BEDS AND SIMILAR FURNITURE						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	19 -	20 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	5 -	3 =	2	x \$100.00	\$200.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$200.00	
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2375 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: 6/23/05			
Matthew S. Bethards Registration No. 51,466 Stoel Rives LLP One Utah Center 201 South Main Street, Suite 1100 Salt Lake City, UT 84111 Telephone: 801-578-6992 Facsimile: 801-578-6999			<div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
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